



Wallong Referral Form Private and Confidential

Client Consent and Privacy

All services and supports provided by CatholicCare are voluntary. Please confirm that you have client consent for this referral by placing a tick in the relevant box. All information is handled in accordance with our privacy policy.

Written Consent Verbal Consent N/A – Self Referral

Client Personal Details

Name _____ Date of Birth _____

Address _____

Gender: Male Female Other (please specify) _____

Does the person identify as indigenous? Yes No

If Yes, Aboriginal Torres Strait Islander Both

Country of Birth _____ Preferred Language _____

Translator required Yes No

Please provide details of how the client wishes to be contacted by CatholicCare to arrange an appointment - you may place a cross in multiple boxes

Phone # _____ Can we leave a message on this phone? Yes No

Most convenient time to call _____ If mobile, can we send an SMS? Yes No

Email _____ Letter to home address

Letter to alternate address (provide details) _____

Location of Services Required – you may place a cross in multiple boxes

Taree Forster Gloucester

Is the person being referred a current NDIS participant?

Yes

No

Reason for Referral

Presenting Mental Health Issue e.g. Diagnosis, issue - anxiety, depression, etc.

Drug and/or Alcohol Issue e.g. alcohol, cannabis

Other Health Issues or Psychosocial Factors E.g. medical factors, other diagnosis, homelessness, stress, social situation

Risk Factors e.g. Harm to self or others, suicide risk, vulnerability

Other relevant information

Person Making Referral

Name	_____	Date of Referral	_____
Organisation	_____		
Phone	_____	Fax	_____
		Email	_____

Please email referral to:

Walong@catholiccare.org.au